



# APPLICATION FOR ADMISSION

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number & Street City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ DL# \_\_\_\_\_  
Month Day Year

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

High School Attended \_\_\_\_\_ GED/HS Graduation \_\_\_\_\_  
Month Year

City and State of High School or GED Center \_\_\_\_\_

Postsecondary School Attended? ( ) Yes ( ) No

If yes, enter *School Name, City, and State* below:

Years Attended

Degree

\_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  Female

Race:  American Indian or Alaska Native  Asian  Black or African American

Hispanic/Latino  White  2 or more races

Native Hawaiian or Other Pacific Islander  Unknown  Other \_\_\_\_\_

Citizenship Status:  U.S. Citizen (If naturalized, naturalization number \_\_\_\_\_)

Permanent Resident

Alien Registration Number \_\_\_\_\_

Other \_\_\_\_\_

State of Residence: \_\_\_\_\_

I am applying for the \_\_\_\_\_ program.  Day  Evening  Weekend

Do you require any reasonable accommodations for your course of study?  Yes  No

If yes, please consult the Office of Academic Support and Advising.

Please tell us why you feel you should be recommended for acceptance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Admissions Representative Recommendation: \_\_\_\_\_

\_\_\_\_\_

Admissions Representative \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied

Albany, NY Campus  
855 Central Avenue  
Albany, NY 12206  
p: (518) 786-0855  
f: (518) 786-0011

New York City, Metro Campus  
25 Broadway, Floor 16  
New York, NY 10004  
p: (212) 380-9004  
f: (212) 232-0217

Pittsfield, MA Campus  
100 West Street  
Pittsfield, MA 01201  
p: (413) 442-0333  
f: (413) 442-2269